



Vital Statistics
240 Parsons Ave.
Columbus, OH 43215-5331
Phone: (614) 645-7331
Fax: (614) 645-0730
TDD: (614) 645-7041



APPLICATION FOR CERTIFIED COPIES OF BIRTH & DEATH CERTIFICATE(S)
OCCURRING IN **FRANKLIN COUNTY ONLY**

_____ # of birth certificates REQUESTED- \$20 each

_____ # of death certificates REQUESTED - \$20 each

For VS office use only:

Reg# _____

Microfilm date: _____

Aff/Supp MF Date: _____

METHOD OF PAYMENT

_____ Cash/Check/Money Order (Make payable to:
Columbus City Treasurer)

_____ Debit/Credit Card (Extra \$3.50 service charge)

Debit/Credit card service not available for walk-ins

Card #

Expiration Date: _____ / 20 _____

**Fax Application to 614-645-0730 OR
CALL 1-877-648-0605**

COMPLETE THIS SECTION ONLY IF YOU WANT CERTIFICATE(S) MAILED OR SENT EXPRESS SERVICE:

_____ Send Regular U.S. Mail

_____ Send EXPRESS 1-3 business days within U.S. (Extra \$14.50)

_____ Send EXPRESS Saver 3-5 business days within U.S. (Extra
\$11.25)

_____ Send International (different rates apply please inquire
with VS staff)

**EXPRESS DELIVERY MUST BE PAID BY CREDIT/DEBIT
CARD BY WEB, PHONE, OR FAX ORDERS**

**WALK-IN REQUESTS RECEIVED AFTER 4:15 P.M. WILL BE PROCESSED THE NEXT BUSINESS DAY.
NO EXCEPTIONS PLEASE**

Please print information about requested certificate

First Name	Middle Name	Last Name on certificate
Place of birth or death FRANKLIN COUNTY ONLY	City, Village, or Township	Date of Birth or Death / / Month Day Year
Name of hospital or funeral home	If any corrections or changes have been made to this certificate, please list:	
Mother's First Name	Mother's last name prior to first marriage (maiden name)	
Father's First Name	Father's Last Name	
Your signature:	Current Date: / / 20	Phone #: ()

Your name:

Your address:

Your City/State/Zip:

This section **MUST** be
completed for **ALL**
requests

